


<b><i>Index of Claims</i></b>  	<b>Application/Control No.</b>  09823646	<b>Applicant(s)/Patent Under Reexamination</b>  LAKSONO, INDRA
	<b>Examiner</b>  DAVID CZEKAJ	<b>Art Unit</b>  2621


✓	<b>Rejected</b>
=	<b>Allowed</b>

-	<b>Cancelled</b>
÷	<b>Restricted</b>

N	<b>Non-Elected</b>
I	<b>Interference</b>

A	<b>Appeal</b>
O	<b>Objected</b>

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant					<input type="checkbox"/> CPA					<input type="checkbox"/> T.D.					<input type="checkbox"/> R.1.47				
CLAIM		DATE																	
Final	Original	02/28/2008	06/09/2008	01/31/2009															
	49	✓	✓	✓															
	50	✓	✓	✓															
	51	✓	✓	✓															
	52	✓	✓	✓															
	53	✓	✓	✓															
	54	✓	✓	✓															
	55	✓	✓	✓															
	56	✓	✓	✓															
	57	✓	✓	✓															
	58	✓	✓	✓															
	59	✓	✓	✓															
	60	✓	✓	✓															
	61	✓	✓	✓															
	62	✓	✓	✓															
	63	✓	✓	✓															
	64	✓	✓	✓															
	65	✓	✓	✓															
	66	✓	✓	✓															
	67	✓	✓	✓															
	68	✓	✓	✓															
	69	✓	✓	✓															
	70	✓	✓	✓															
	71	✓	✓	✓															
	72	✓	✓	✓															
	73	✓	✓	✓															
	74	✓	✓	✓															
	75	✓	✓	✓															
	76	✓	✓	✓															
	77	✓	✓	✓															
	78	✓	✓	✓															
	79	✓	✓	✓															
	80	✓	✓	✓															
	81	✓	✓	✓															
	82	✓	✓	✓															
	83	✓	✓	✓															
	84	✓	✓	✓															

<b><i>Index of Claims</i></b>  	<b>Application/Control No.</b>  09823646	<b>Applicant(s)/Patent Under Reexamination</b>  LAKSONO, INDRA
	<b>Examiner</b>  DAVID CZEKAJ	<b>Art Unit</b>  2621

✓	<b>Rejected</b>
=	<b>Allowed</b>

-	<b>Cancelled</b>
÷	<b>Restricted</b>

N	<b>Non-Elected</b>
I	<b>Interference</b>

A	<b>Appeal</b>
O	<b>Objected</b>

<input type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b>					<input type="checkbox"/> <b>CPA</b>		<input type="checkbox"/> <b>T.D.</b>		<input type="checkbox"/> <b>R.1.47</b>	
CLAIM		DATE								
Final	Original	02/28/2008	06/09/2008	01/31/2009						
	85	✓	✓	✓						
	86	✓	✓	✓						
	87	✓	✓	✓						
	88	✓	✓	✓						
	89	✓	✓	✓						
	90	✓	✓	✓						
	91	✓	✓	✓						
	92	✓	✓	✓						
	93	✓	✓	✓						
	94	✓	✓	✓						
	95	✓	✓	✓						
	96	✓	✓	✓						